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3644-08

Atty. Dkt. No. 086142-0521

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shoichi SAWA et al.

Title: INFLATOR

Appl. No.: 10/064,064

Filing Date: 06/06/2002

Examiner: Kimberly S. Smith

Art Unit: 3644

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NOV 19 2003

GROUP 3600**AMENDMENT TRANSMITTAL**

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] One replacement sheet of drawings Fig. 4.

[X] Certified English translation of Priority Document JP2001-171276

[X] The fee required for additional claims is calculated below:

Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
20	-	20	=	0	x	\$18.00	=	\$0.00
8	-	4	=	4	x	\$86.00	=	\$344.00
First presentation of any Multiple Dependent Claims:					+	\$290.00	=	\$0.00
						CLAIMS FEE TOTAL	=	\$344.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$344.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$344.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$344.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$344.00 (for four additional independent claims) is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

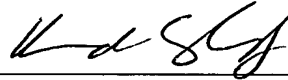
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

11/12/03

By



FOLEY & LARDNER

Customer Number: 22428

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Howard N. Shipley

Attorney for Applicant

Registration No. 39,370